## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

appears in Block 12 or Block 13 if

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Mar 10 1997 8:00am

Secretary of State

208/206-9500

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # F9200000882 (2)

GRAYCOR CONSTRUCTION COMPANY INC.

Principal Plac ONE GRAYCO HOMEWOOD II		Mailing Address ONE GRAYCOR DRIVE HOMEWOOD IL 60430-4618				
				•	3. Date Incorporated or Qualified 12/23/1992	3a. Date of Last Report 04/05/1996
2. Principal P	lace of Business	2a. Mailing Address	***************************************		4. FEI Number	Applied For
21	· - · · · · · · · · · · · · · · · · · ·	26		<del></del>	36-3205038	Not Applicable
Suite Apt. #, etc.		Suite, Apt #, etc	·····		5. Certificate of Status Desired	\$8.75 Additional Fee Required
					6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
7 p	Country Zip		Country		8. This corporation has liability for intangible tax under s. 199.032,	
24	25   29   30 9. Name and Address of Current Registered Agent		[30]	Florida Statutes Yes No  10. Name and Address of New Registered Agent		
THE	PRENTICE HALL CORPORATION		81	Name	10, Hamb and Address of How II	ogistorov Agent
	NORTH MAGNOLIA STREET	· • • • • • • • • • • • • • • • • • • •	82	Street Article	ress (P.O. Box Number is Not Accepta	ahla\
	LAHASSEE FL 32301			atiest Audi	ress (r.O. box Number is Not Accepte	lule)
			83			
			84	City		85 Zip Code
14 Dureunest	to the new sions of Septions CO7 OCO	2 and 607 1609 Florida Statu	tor the phou	named core	poration submits this statement for the tion's board of directors. I hereby according	FL Durance of changing its registered
agent La SiGNATuRE	registered agent, or born, in the state im familiar with, and accept the obligation Starting, byent or perhapsing of ingeneral age	tions of, Section 607.0505, F	lorida Statute	\$. 	rion's board of directors. I hereby account in the state of the state	EPI THE APPOINTMENT AS REGISTERED
12.	OFFICERS AND		13.	arit signature regul	ADDITIONS/CHANGES TO OFF	
likl	PD	DELETE	1.1 TITLE			Change Addition
NAME	GRAY, MELVIN		1.2 NAME			
STREET ADDRESS	ONE GRAYCOR DRIVE HOMEWOOD IL		1.3 STREET			
CPM-S1-769 THUE	V	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE			Change Addition
NAME	MANSON, BRUCE		2.2 NAME			Contrago Ligaritation Contrago
STREET ADDRESS	ONE GRAYCOR DRIVE		2.3 STREET	ADDRESS		
CLY St-70	HOMEWOOD IL		2. 4 CITY - ST - ZIP			
1-1LF	•	V DELETE		İ		Change Addition
NAMI STREET ADDRESS	JOSEPH, MICHAEL ONE GRAYCOR DRIVE		3.2 NAME	. IDDDcree		
CHA-21-Sts	HOMEWOOD IL		3.3 STREET 3.4, CITY -			
Til_f	VS	DELETE	4.1 THLE	31.50		Change Addition
NAME	MIZANIN, MICHAEL O		4. 2 NAME			
STREET ADDRESS	ONE GRAYCOR DRIVE		4.3 STREET	ADDRESS		
CCY \$1-7P	HOMEWOOD IL	- Declare	4.4 CITY - S	ST-ZIP		
TITU!	MUNDELL, W J	DELETE	5.1 YITLE 5.2 NAME			Change Addition
NAME STREET ADDRESS	ONE GRAYCOR DRIVE		5.2 NAME 5.3 STREET	ADDRESS		
06Y-\$1.7P	HOMEWOOD IL		5.4 CITY - 5			
THE	\$	DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME	GRAY, STEVEN		6.2 NAME			
STREET ADDRESS	ONE GRAYCOR DRIVE		6.3 STREET	ADDRESS		
011Y-\$1-7-2	HOMEWOOD IL	Luith this filing does not a a	64 CITY-S		d in Contino 110 07/03/01 Florida Contin	ton I further neglig that the
informatic Laman o	on the corporation of the corporation of some control of the corporation of the corporati	r wair this hing does not qual upplemental annual report is the receiver of trustee epipor	iry for the exe true and acci wered to exec	amption stated urate and that oute this repo	d in Section 119 07(3)(i), Florida Statut t my signature shall have the same leg rt as required by Chapter 607, Florida	es, i luriner certify that the jal effect as if made under oath; that Statutes; and that my name

F SIGNING OFFICER OR DIRECTOR